



# COMMONWEALTH of VIRGINIA

## *Thomas Jefferson Health District*

In Cooperation with the  
State Department of Health

Phone (804) 972-6219  
FAX (804) 972-4310

1138 Rose Hill Drive

P. O. Box 7546

Charlottesville, Virginia 22906

ALBEMARLE — CHARLOTTESVILLE  
FLUVANNA COUNTY (PALMYRA)  
GREENE COUNTY (STANARDSVILLE)  
LOUISA COUNTY (LOUISA)  
NELSON COUNTY (LOVINGSTON)

\_\_\_\_\_ Patient Pay

\_\_\_\_\_ TB Control

TO: PROMPT CARE  
OR  
FIRST MED

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PLEASE OBTAIN THE X-RAY (S) CHECKED BELOW:

\_\_\_\_\_ PA CHEST X-RAY

\_\_\_\_\_ LATERAL CHEST X-RAY

\_\_\_\_\_ APICAL CHEST X-RAY

PLEASE MAIL BILL TO FISCAL DEPARTMENT

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This is to certify that I, the undersigned, hereby acknowledge and authorize Prompt Care or First Med to perform the needed x-ray (s) per the request of the Health Department and to send the original film (s) to the Health Department.

I also release Prompt Care or First Med from any responsibilities for personal valuables, money or other possessions.

X \_\_\_\_\_  
Witness Signature

X \_\_\_\_\_  
Patient/Family Member Signature

DAYS/HOURS/LOCATION FOR PROMPT CARE

DAYS/HOURS/LOCATION FOR FIRST MED

Monday – Saturday 8:00 a. m. – 8:00 p.m.

Monday – Wednesday 9:00 a.m. – 9:00 p.m.

Sunday: 12:00 p.m. – 5:30 p.m.

Thursday – Friday 9:00 a.m. – 7:00 p.m.

1149 Seminole Trail, Charlottesville  
(Seminole Square Shopping Center)

Saturday 10:00 a.m. – 5:00 p.m.  
125 Riverbend Drive, Charlottesville